

FROM :REGION\_III\_COMMUNITY\_SERVICES FAX NO. :2514435969

Apr. 05 2004 09:36AM P2

DON SIEGELMAN  
GOVERNOR

STATE OF ALABAMA

DEPARTMENT OF MENTAL HEALTH  
AND MENTAL RETARDATION

REGION III - RCS

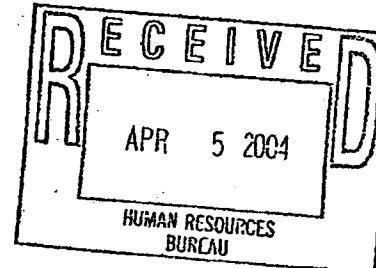
7111 LAKE RD. SO. BLDG 100  
MOBILE, ALABAMA 36605-6001PHONE: (251) 443-1780  
FAX: (251) 443-5989KATHY E. SAWYER  
COMMISSIONER

MEMO

4 - 5 2004

TO: WINIFRED BLACKLEDGE  
MH SOCIAL WORKER IIFR: SUSAN STUARDI  
DIR. RCS III *Sac*

RE: COMPLAINT FILED 12/15/03



In response to your complaint filed 12/15/03, I requested a desk audit of your position by the DMH/MR Personnel Department. The purpose of this audit was to determine whether there was justification and possibility of reallocating your position to a CSS III or a MH Specialist II. The findings of that audit are as follows:

The Community Service Specialist series is the correct classification reflecting the nature and kind of work you perform. No positions are open at this time.

The Community Service Specialist III must have administrative responsibilities in addition to the duties you outlined in your form 40.

The MH Specialist II series is not a current option in Regional staffing plans.

As other positions for which you do qualify become available, you are encouraged to apply for those openings.

We do appreciate your efforts in providing follow up services for individuals outplaced from developmental centers and the coordination of residential monitoring. Reallocation is not an option at this time so you are encouraged to keep on seeking positions for which you may apply within the Region and throughout the state system.

Cc E Wilson  
F Mitchel  
H Irvin

**PLAINTIFF'S  
EXHIBIT**

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## FES AUDIT WORKSHEET

*Exhibit 4*

**JOB CLASS:** MH Social Worker II  
**INCUMBENT:** Winifred Blackledge  
**RANGE:** 70  
**FACILITY:** Mobile (Community Services)  
**SUPERVISOR:** Susan Stuardi  
**AUDIT REQUESTED BY:** Immediate Supervisor

**MAJOR JOB RESPONSIBILITY:** Responsible for providing technical assistance, consultation training and monitoring in order to facilitate compliance with minimum standards applicable in the DMH/MR Community Services Division in the Mobile area.

- 20% Provides technical assistance, consultations, training, to providers in the region to facilitate compliance with minimum standards and applicable rules and regulations.
- 20% Coordinates and maintains data base for monitoring of contracted residential facilities and individuals in the service delivery system in order to address quality of life issues.
- 10% Assists with development of residential resources and placement of individuals in order to promote living in the least restrictive settings.
- 10% Composes clinical documents, reports, correspondence or individual programs, issues, completes and/or reviews for accuracy medical waiver forms in clients services and program enhancement.
- 10% Coordinates liaison activities with nursing homes including OBRA screenings and individual client services.
- 10% Serves transition case manager of a select group of individuals in order to facilitate community living.
- 10% Updates data and completes special projects related to the operation of Community Services.

Page 2  
Blackledge Audit

- 5%. Serves as RCS staff on call on a rotating basis in order to address questions or problem situations which arise in the community.

#### **FACTOR I: KNOWLEDGE REQUIRED FOR THE POSITION**

The knowledge required for this position would equate to a Master's level program or its equivalent in experience, training, or independent study of basic principles, concepts, and methodology in the field of Social Work, Psychology, or a Human Service field. Required minimum experience would be at least 48 months in the delivery of human services.

#### **FACTOR II: SUPERVISORY CONTROLS**

The supervisor makes assignments by defining objectives, priorities, and deadlines and assists with unusual situations. Completed work is usually spot checked and evaluated for technical soundness and compliance with applicable rules and regulations.

#### **FACTOR III: GUIDELINES**

A number of specific guidelines are available that define objectives and deadlines. They are Title XIX standards that establish standards for environmental, dietary, and fire safety areas. The number of similarity of guidelines and work situations requires the employee to use procedures for application and in making minor deviations to adapt the guidelines in specific cases. Other guidelines include DMH/MR Policies and Procedures, OBRA Standards, as well as Standards for Community Service programs.

#### **FACTOR IV: COMPLEXITY**

The decision regarding what needs to be done involves various choices requiring the employee to recognize the existence of and differences among a few easily recognizable situations. Decision making consists of determining if community providers meet compliance with minimum standards, as well as applicable rules and regulations.

#### **FACTOR V: SCOPE AND EFFECT**

The work as stated on the Form 40 involves treating a variety of unconventional problems, questions, or situations in conformance with established criteria. The final outcome of work may directly impact the social, physical, and economic well being of persons. In this instance, development of residential resources and placement of individuals is of utmost importance.

#### **FACTOR VI: PERSONAL CONTACTS**

Personal contacts are with individuals or groups from inside and outside the employing agency. Contacts may include social workers, nurses, contractors, family member, and various state agencies. Interaction may be for the purpose of gathering information (fact-finding) or in case of mediation between family members.

#### **FACTOR VII: PHYSICAL DEMANDS**

The work is sedentary. Typically, the employee may sit comfortably to do the work. However, there may be some walking, standing, bending, carrying of light items such as papers, books, small parts, or driving an automobile. No special physical demands are required to perform the work.

#### **FACTOR IX: WORK ENVIRONMENT**

The work involves everyday risks or discomforts which require normal safety precautions typical of such places as offices, meeting and training rooms, libraries, and residences. The work area is adequately lighted, heated, and ventilated.

#### **CONCLUSION**

After reviewing the information submitted on the Form 40, even though the incumbent is in a Social Worker class, it is our determination that the appropriate classification for this position should fall within the Community Service Specialist Series. The salary range for the MH Social Worker is 70. While the Community Service Specialist III (range 72) classification would allow an increase in the salary range, it requires a Master's degree as well as increased responsibilities such as planning, budgeting, policy decisions, quality control, and standards compliance.

The incumbent has a Master's degree in Social Work; but does not perform the additional duties to justify reallocation to a Community Service Specialist III classification.



STATE OF ALABAMA  
**DEPARTMENT OF MENTAL HEALTH  
AND MENTAL RETARDATION**

REGION III - RCB  
7611 LAKE RD. SO BLDG 100  
MOBILE, ALABAMA 36606-6001  
PHONE (205) 443-1700  
FAX (205) 443-5969

KATHY E. SAWYER  
COMMISSIONER

*Exhibit!*

MEMO

12 - 17 - 2003

TO: WINIFRED BLACKLEDGE

FR: SUSAN STUARDI *Susan*

RE: COMPLAINT FILED 12 - 15 - 2003

This memo is in response to your written complaint.

As I understand your complaint, you feel that the duties you are currently performing are similar to those performed by a CSS III or IV and you are asking to be promoted to a MH Specialist II position. You have been a long term employee and have been at the top of your pay range for several years. You have worked hard to assist with the outplacement and consolidation projects.

This office does not currently have any vacant positions and there are no additional positions in our budget for the year. With the number of employees who are facing job loss in the next several months, it is likely that any vacancy which may occur would be filled by a transfer candidate.

If you want me to inquire about the procedures for a possible reallocation from your current position to another classification, I will proceed with that type of inquiry.

BOB RILEY  
GOVERNOR

STATE OF ALABAMA

DEPARTMENT OF MENTAL HEALTH  
AND MENTAL RETARDATION

REGION III - RCS  
 7611 LAKE RD. SO. BLDG 100  
 MOBILE, ALABAMA 36605-8001  
 PHONE: (251) 443-1760  
 FAX: (251) 443-5989

(251)  
443-1762KATHY E SAWYER  
COMMISSIONER

MEMO

Exhibit 2

12 - 17 - 2003

TO: WINIFRED BLACKLEDGE

FR: SUSAN STUARDI

RE: COMPLAINT FILED 12 - 15 - 2003

This memo is in response to your written complaint.

As I understand your complaint, you feel that the duties you are currently performing are similar to those performed by a CSS III or IV and you are asking to be promoted to a MH Specialist II position. You have been a long term employee and have been at the top of your pay range for several years. You have worked hard to assist with the outplacement and consolidation projects.

This office does not currently have any vacant positions and there are no additional positions in our budget for the year. With the number of employees who are facing job loss in the next several months, it is likely that any vacancy which may occur would be filled by a transfer candidate.

If you want me to inquire about the procedures for a possible reallocation from your current position to another classification, I will proceed with that type of inquiry.

*Exhibit 3*

**MEMORANDUM:**

**Date: 12-18-2003**

**To: Susan Stuardi**

**From: Winifred Blackledge *WB***

**Re: Complaint Filed 12-15-2003**

I received your response to my complaint filed December 15, 2003. However, requesting procedures for reallocating my position will not settle my compliant.

What would be acceptable would be if you request that my current position be reallocated to a Mental Health Specialist II position.

I would appreciate your response in five days.

P. C. Henry Ervin  
Eranell McIntosh-Wilson  
Fordyce Mitchel  
Complainant

Susan Stuardi's response to complainant  
Letter to Susan Stuardi submitting update of Form 40

*Exhibit  
Exhibit 5*

**INTRODUCTION  
CLASSIFICATION APPEAL  
WINIFRED A. BLACKLEDGE**

Classification:      Mental Health Social Worker II  
                          Community Services Specialist III  
                          Community Services Specialist IV  
                          Mental Health Specialist II

This issue arose when I, a sixteen year employee of Regional Community Services III, was passed over for a promotion to a Community Services Specialist III. The Regional Community Services Office in Region III opened a Community Services Specialist III position on October 27, 2003. I applied because I had the experience and have been performing the duties of a Community Services Specialist III and IV since 1997. I was passed over for the Community Services Specialist III position for an applicant without community services experience.

I filed an Employee Complaint requesting reallocation of my current position, Mental Health Social Worker II, to a Mental Health Specialist II on December 15, 2003 because The Community Services Specialist III position provided little future monetary growth. Therefore, I requested reallocation to a Mental Health Specialist II classification, a classification that would provide adequate future monetary growth and compensation for currently performing the duties of a Community Services Specialist III and IV.

In an effort to resolve my complaint, the Department of Mental Health/Mental Retardation (DMH/MR) Personnel Office performed a desk audit. The desk audit concluded that although I had a Master's degree, I did not perform administrative duties such as: Planning, budgeting, policy decisions, quality control, and standards compliance required by the Community Services Specialist III position. I disagree with the desk audit findings regarding the lack of administrative experience. My administrative duties consist of instructing, directing, overseeing, monitoring community program programs, community providers and assessing the effectiveness of the community programs. I disagree with the descriptions of factors I through V mentioned in the desk audit. I further disagree with the desk audit because one factor was omitted, Factor, VII, Purpose Of

**CLASSIFICATION APPEAL**  
**PAGE TWO**  
**WINIFRED A. BLACKLEDGE**

Contact. Even though this factor has a small score, this factor is very important with regards to performing my job duties. I also disagree with the desk audit because the factors were not scored and I questioned how the auditor came to the conclusion in the desk audit without scoring the desk audit, and obtaining detailed descriptive information of my current job duties to determine another job classification. The interview for the desk audit only lasted five minutes and there were no open ending questions to obtain detailed information about my job duties. My desk audit and Yolanda Thomas' desk audit was identical. There was information in Mrs. Thomas' and my desk audits that were incorrect such as: the mentioning of the Title XLX standards in the desk audit. The Title XLX standards are standards use for the DMR facilities. It also had in Mrs. Thomas' desk audit that she has to know the OBRA Guidelines. I am the only person in the community services office that uses OBRA guidelines for admission of consumer to nursing homes. Finally, my supervisor did not review the desk audit with me.

Exhibit 6

**PHONE INTERVIEW QUESTIONS  
ASKED BY MARILYN BENSON  
DMH/MR PERSONNEL AUDITOR**

1. How long had I been with the Department Of Mental Health And Mental Retardation?
2. How long had I been in Community Services?
3. What was my classification?
4. How long had I been in my classification?
5. When did I transfer into Community Services?
6. What degrees did I have?
7. Did I have any supervisory skills?
8. What computer software knowledge did I have?
9. Have I ever presented before a judge?

The auditor read the Form 40 duties to me and asks if these were my job duties. However, the Form 40 is a brief description of job duties. The auditor did not ask any detailed questions and did not request a narrative and I am not aware of my supervisor providing a narrative to the auditor that would have given a detailed description of job duties.

*Exhibit 7*

**FACTORS EVALUATION SYSTEM (FES) WORKSHEET**

**COMPLETED BY: WINIFRED A. BLACKLEDGE  
(SUPPORTING NARRATIVE OF JOB DUTIES)**

**JOB CLASS:** MENTAL HEALT SOCIAL WORKER 11

**RANGE:** 70

**FACILITY:** REGIONAL COMMUNITY SERVICES (Mobile, Alabama)

**SUPERVISOR:** SUSAN STUARDI

**AUDIT**

**REQUESTED**

**BY:** SUPERVISOR

**MAJOR JOB RESPONSIBILITY:** Responsible for providing technical assistance, consultation, training and monitoring in order to facilitate compliance with minimum standard applicable in the DMH/MR Community Services Division in the Mobile area.

30 % Provides technical assistance, consultations, on site training to providers in the region to facilitate compliance with minimum standards and applicable rules and regulations.

20% Coordinates and maintains data base for monitoring of contracted residential facilities and individuals in the service delivery system in order to address quality pf issues

15% Assists with development of residential resources and placement of individuals I order to promote living in the least restrictive settings

15% Serves as transition case manager of a select group of individuals in order to facilitate community living

**PAGE 2**

**FES WORKSHEET**

**COMPLETED BY: WINIFRED BLACKLEDGE**

- .5 Composes clinical documents, reports, correspondence on individuals, programs, issues, complete and/or reviews for accuracy medicaid waiver form in client services and program enhancement.
- .5 Coordinates liaison activities with nursing home including OBRA screenings and individual client services
- .5 Updates data and complete special projects related to the operation of Community Services.
- .5 serves as RCS staff on call on a rotating basis in order to address questions or problem situations, which arise in the community.

**\*\*\* SCORING OF EACH FACTOR DONE BY WINIFRED BLACKLEDGE \*\*\***  
**FES WORKSHEET AUDIT DONE BY DMH/MR NOT SCORED**

**FACTOR I: KNOWLEDGE REQUIRED FOR THE POSITION**

**LEVEL 1.6**

**950 POINTS**

**STANDARD STATEMENT SELECTED BY WINIFRED BLACKLEDGE:**

Knowledge of the principle, concepts, and methodology of a professional administrative occupation as described at Level 1-5 that has been either: (a) supplemented by skill gained through job experience to permit independent performance of recurring assignments, or (b) supplemented by expanded professional or administrative knowledge gained through relevant graduate study or experience, that has provided skill in carrying out assignment, operations, and procedures in the occupation that are significantly more difficult and complex than those covered by Level 1-5.

I have a Master Degree in Social Work. This degree requires that I have licensure. I have 19 years experience in the area of Social Work and the Human Service Field, seventeen years with the Department of Mental health and Mental Etardation, sixteen years experience in the community Services Division and my Master Degree in Social Work has been supplemented by experiences in management of care for consumers with mental

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**FES WORKSHEET**

**COMPLETED BY: WINIFRED A. BLACKLEDGE**

retardation. The principles, concepts and methodology of Social Work, Community Services, federal standards, and the Department of Mental Retardation standards are utilized. The use of own judgment is used to apply the principles, concepts and methodology on an individual basis.

**STANDARD STATEMENT SELECTED BY DMR/MH AUDITOR:**

The knowledge required for this position would equate to a Master' level program or is equivalent in experience, training, or independent study of basic principles, concepts, and methodology in the field of Social Work, Psychology or a Human Service field. Required minimum experience would be at least 48 months in the delivery of human services.

**FACTOR II SUPERVISORY CONTROLS**

**LEVEL 2.5**

**650 POINTS**

**STANDARD STATEMENT SELECTED BY WINIFRED BLACKLEDGE:**

The employee has responsibility for independently planning, designing, and carrying out programs, projects, studies, or other work.

I am responsible for independently assessing the needs of each individual, for developing and planning the care the individual is to received, for providing the quality control to ensure the individual is receiving the according to the plan and the best quality of life possibly. I define the objectives, priorities and set my own deadlines. My work is evaluated by outcome. The results of my work are normally accepted without change.

**STANDARD STATEMENT SELECTED BY DMR/MH AUDITOR:**

The supervisor makes assignments by defining objectives, priorities, and deadlines and assists with unusual situations. Completed work is usually spot- checked and evaluated for technical soundness and compliance with applicable rules and regulations.

**PAGE 4  
FES WORKSHEET  
COMPLETED BY: WINIFRED A. BLACKLEDGE**

**FACTOR III GUIDELINES**

**LEVEL 3.5**

**275 POINTS**

**STANDARD STATEMENT SELECTED BY WINIFRED BLACKLEDGE:**

Some guidelines are available which has defined objectives and deadlines. Other requires the use of one own initiative and judgment in interpreting and adapting guidelines to specific cases and problems to analyze results and to make recommended changes.

Example of guidelines used includes: The Department of Mental Health & Mental Retardation Polices & Procedures, Regional Community Services Policies & Procedures, Department of Mental Health & Mental Retardation Best practice Guidelines in Behavior Management, Principles of Social Role Valorization and Passing, Principles of Social Work, Cares, Medicaid Waiver Guidelines and Social Security Administration Guidelines.

**STANDARD STATEMENT SELECTED BY DMH/MR AUDITOR:**

A number of specific guidelines are available that define objectives and deadlines. They are Title XIX standards that establish standards for environmental, dietary, and fire safety area. The umber of similarity of guidelines and work situations requires the employee to use procedures for application and in making minor decisions to adapt the guidelines in specific cases. Other guidelines include DMH/MR Polices and Procedures, OBRA Standards, as well as Standard for Community Services programs.

**FACTOR IV COMPLEXITY**

**LEVEL 4.4**

**225 POINTS**

**STANDARD STATEMENT SELECTED BY WINIFRED BLACKLEDGE:**

The work typically includes duties that require many different and unrelated processes and method such as those relating to well established aspects of an administrative or professional field. Decisions regarding what needs to be done include the assessment of

**PAGE 5  
FES WORKSHEET  
COMPLETED BY WINIFRED A. BLACKLEDGE**

unusual circumstances, variations in approach, and incomplete or conflicting data. The work requires making decisions concerning such things as interpretation of considerable data and planning of the work.

The incumbent has to deal with consumers, family members, professionals in the contracted DMH/MR community programs, medical professionals, professionals in other human service agencies, law enforcement and other DMH/MR personnel.

**STANDARD STATEMENT SELECTED BY DMH/MR AUDITOR:**

The decision regarding what needs to be done involves various choices requiring the employee to recognize the existence of and differences among a few easily recognizable

situations. Decision making consists of determining if community providers meet compliance with minimum standards, as well as applicable rules and regulations.

**FACTOR V: SCOPE AND EFFECT**

**LEVEL 5.5**

**325 POINTS**

**STANDARD STATEMENT SELECTED BY WINIFRED BLACKLEDGE:**

Work involves assessing program effectiveness, investigating or analyzing a variety of unusual conditions, questions or problems. Requires the ability to assess the quality of work of other experts, the operational of agencies, assess what services are provided, resolved critical health and safety issues, isolate and define unknown conditions.

Work consists of assessing and evaluating the accuracy and effectiveness of service delivery, reviewing training data, consumer's record, community agencies/providers policies and procedures, documentation prepared by professional disciplines for content

**PAGE 6  
FES WORK SHEET  
COMPLETED BY: WINIFRED A. BLACKLEDGE**

and accuracy. Work consists of assessing the consumer's health and environment for health and safety issues. The adequacy of such activities as the social, physical and economic well being of the consumer could be adversely affected.

**STANDARD STATEMENT SELECTED BY DMH/MR AUDITOR:**

The work as stated on the Form 40 involves treating a variety of unconventional problems, questions, or situation in conformance with established criteria. The final outcomes of work may directly impact the social, physical, and economic well being of persons. In this instance, development of residential resources and placement of individuals is of utmost importance.

**FACTORS VI: PERSONAL CONTACTS**

**LEVEL 6.2**

**25 POINTS**

**AGREE WITH STANDARD SELECTION BY DMH/MR AUDITOR:**

Personal contacts are with individuals or groups form inside and outside the employing agency. Contacts may include social workers, nurses, contractors, family members, and various state agencies. Interaction may be for the purpose of gathering information (fact-finding) or in case of mediation between family members.

**PAGE 7  
FES WORK SHEET  
COMPLETED BY: WINIFRED A. BLACKLEDGE**

**FACTORS VII      PHYSICAL DEMANDS**  
**LEVEL 8.1**  
**5 POINTS**

**AGREE WITH STANDARD SELECTION BY DMH/MR AUDITOR:**

The work is sedentary. Typically, the employee may sit comfortably to do the work. However, that may be some walking, standing, bending, carrying of light items such as papers, books, or small parts; or driving an automobile. No special physical demands are required to perform the work.

**FACTORS IX      WORK ENVIRONMENT**  
**LEVEL 9.1**  
**5 POINTS**

**AGREE WITH STANDARD SELECTION BY DMH/MR AUDITOR:**

The work involves everyday risks or discomforts that require normal safety precautions typical of such places as offices, meeting and training rooms, libraries, and residences. The work area is adequately lighted, and ventilated.

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FES WORKSHEET

COMPLETED BY : WINIFRED A. BLACKLEDGE

CONCLUSION

NOTE: FACTOR-PURPOSE OF CONTACT OMITTED BY DMH/MR  
AUDITOR. THUS, THIS FACTOR WAS ALSO OMITTED ON DESK AUDIT  
COMPLETED BY WINIFRED A. BLACKLEDGE

FACTOR	I.	KNOWLEDGE	950
FACTOR	II.	SUPERVISORY CONTROL	650
FACTOR	III.	GUIDELINES	275
FACTOR	IV.	COMPLEXITY	225
FACTOR	V.	SCOPE AND EFFECT	325
FACTOR	VI.	PERSONAL CONTACT	25
FACTOR	VII.	PHYSICAL DEMANDS	5
FACTOR	VIII.	WORK ENVIRONMENT	5

TOTAL POINTS 2460

A total 2460 points, which equates to a GS-11 is a comparable range for the Mental Health Specialist II position. I believe the Mental Health Specialist II accurately reflects the salary range I am entitled.

*Exhibit 8*

WINIFRED A. BLACKLEDGE  
APPEAL

POSITION INFORMATION:

Provides direct professional services to individuals with mental retardation, their families and agencies that provide services to individuals with mental retardation. I am required to travel in 10 counties in the Region III area. I work closely with community providers and other agencies in the system delivery to facilitate supports, services, and standards compliance with DMR community standards, applicable rules and regulations. In order for me to do my job duties I must be knowledgeable of DMH/MR Community Standards, Behavior Management, Medicaid Waiver Guidelines, Social Security Administration Guidelines, Person-Centered Planning, Principles of Social Role Valorization and PASSING, Case Management, DMH/MR Policies and Procedures, and Region III Community Services Polices and Procedures and be able to interpret the aforementioned standards and guidelines and provide consultation to the provider as need. I have to be able to use my professional skills to individualize feedback to meet the needs of each provider. I have to independently plan and carry out tasks to resolve conflicts that arise.

A. NARRATIVE:

1. Standards Compliance:

Technical Assistance: Is provided prior to a site visit, upon a site review, after a site review or when provider request technical assistance or if I determine there is a need for technical assistance. Technical assistance consists of assessing and evaluating the accuracy and effectiveness of service delivery, reviewing training data, client records, agency policies and procedures, documentation prepared by professional disciplines for content and accuracy. I must ensure that the community providers has all supporting documents for program planning and are providing sufficient care for the consumers to enhance quality of life. Supporting documents may include, but not limited to, Functional Assessment, Individual Service Plan/Transition Plan/Person Centered Plan, Behavior Management Plan, Psychological, Physical, Standing Order, Nursing Assessment, Social History, Immunization Record, Nutritional Assessment, Physical Therapy, Occupational Therapy, Speech Assessment, etc. In event a recommendation is made by a professional without supporting documentation, I consult with the professional i.e. psychiatrist, psychologist or qualified mental retardation professional (QMRP) for amendment or to address the deficits. If deficits are found in any areas, I prepare a detailed list of deficits for the provider.

**WINIFRED BLACKLEDGE  
APPEAL**

I independently developed and implement strategies to address each deficit. These strategies may include on-site staff training, assembling a team to address the deficits. I assist agencies as needed with writing their policies and procedures to meet DMH/ MR standards. Policies and procedures include, but are not limited to: conducting employee background check, documentation and reporting of incidents and injuries, internal investigation/review and follow up action of all allegations of abuse/neglect, mistreatment, alleged violations or rights and deaths, safety/sanitation, protection of financial interests of each person served, rights protection, medication administration, medication errors, and emergency contacts. Policies and procedures are reviewed to determine if the policies are in guidelines with the community agencies/providers practices and are in compliance with DMR standard. I make the decision when policies and procedures are not being followed and work with the community agencies/providers in addressing concerns. I make the decision when polices and procedures may need to be clearly defined based upon an agency's practice or lack of clarity. I make sure that the community agencies and providers have the policy and procedure manual available to employees. I assist the providers with the opening of new homes. I ensure staff is trained prior to working with the clients, ensure providers' charts are in proper order and meet DMH/MR standards, and provide consultation to agencies when agencies are out of compliance with DMH/MR standards.

Records are reviewed to ensure documents are updated in a timely manner and content is in accordance with DMR residential/day program standards. I look for certain documents, such as the Functional Assessment, which is administered to assess the consumer's adaptive skills. I ensure that the training goals and objectives are driven by the Functional Assessment and also by the consumers' families want, needs and desires. I review the record in entirety to ensure that all Individual Service Plans are person centered. If the Individual Service Plans are not person centered, I provided consultation and training to ensure that the Individual Service Plans are person centered, I ensure that the Individual Service Plans includes all pertinent information specific to the consumers well being. The Individual Habilitation Plans/Person Centered Plans are reviewed in the day program and residential settings. I ensure that the consumer, responsible party, service providers, staff responsible for program implementation and others are present during the developing of the Individual Service Plans. I ensure consumers have a support plan developed based on their desires, needs, and preferences as documented in the Functional Assessment. I ensure that the training goals are specific and are designed to achieve desired personal outcomes. I ensure that the Individual Service Plans are implemented in a reasonable time frame. Quarterly reports are reviewed to ensure the effectiveness of the Individual Service Plans/Person Centered Plans.

**WINIFRED BLACKLEDGE  
APPEAL**

If there is no progress after three months, I ensure that the Individual Service Plans are revised. I make the determination when an Individual Service Plan is not meeting standards compliance and instruct/work with the provider in making changes in specific areas in order to meet standards. Behavior Management Plans are reviewed. Quarterly reports for the Behavior Management Plans are reviewed for effectiveness. I ensure that the consumer's rights are not restricted. In the event a consumer's right is restricted, I review for supporting documentation that warrants the restriction and ensure that the criteria for removing the restriction is developed and shared with the consumer and responsible party. I ensure that the Human Rights Committee has reviewed and signed the Individual Service Plans/Person Centered Plans and Behavior Management Plans. I ensure all appropriate signatures are on all the plans including the qualified mental retardation profession (QMRP).

The personnel records of each employee are reviewed to ensure they are maintained properly and meet the personnel and training requirements as outlined by DMR Community Standards. Personal records are reviewed for the following: references and background check (completed before an employee is hired), verification of a valid drivers license, job application and resume, hiring date, written position requirements and qualifications, duties outlined, drug test completed (as per agency requirement), supporting documentation of completion of initial training, 90 days training and annual training. In the event that documentation of training is omitted in the personnel records I instruct/work with the provider in correcting the problems. I ensure all staff read the agency's policies and procedures and there is supporting documentation that this has been done. I ensure QMRP and other professionals included, but not limited to, Registered Nurse, Physical Therapist and Behavioral Specialist, meet the hiring and training requirements, per DMR Community Standards. I ensure appropriate disciplinary procedures are adhered to per agency policies regarding disciplinary action for employees.

Incidents Reports of community agencies and providers are reviewed to make sure the reports are in line with the agency's policy and are being reported as outlined by DMR Community Standards. I ensure incident management polices and procedures are being followed as written. I ensure incident reports have appropriate follow up and closure. I ensure staff is trained on rights and responsibilities related to all incidents. I ensure community agencies/ providers have an Incident Review Committee in place and operational. I review the minutes of the Incident Review Committee meetings taken in order to ensure there is appropriate documentation, I monitor, follow up to make sure appropriate action is taken and appropriate measures are in place to prevent incidents of the same nature from reoccurring again.

**WINIFRED BLACKLEDGE  
APPEAL**

I ensure corrective actions are effective. I ensure appropriate disciplinary procedures are followed, the Department Of Human Resources is contacted, and appropriate law enforcement is notified regarding abuse, neglect and mistreatment.

Provide preventive and crisis intervention assistance to individuals, providers, families, and professionals in other agencies to prevent a crisis from occurring or to resolve a crisis that has occurred.

I determine an individual is at risk with regards to a health and safety issues, I assess the situation to determine whether I can resolve the concern or problem, if I cannot resolve the concern or problem I consult or refer the situation to the Regional Community Services Nurse and/or other medical professionals.

**2. ADMINISTRATIVE:**

**MONITORING:** I coordinate the monitoring of contracted residential facilities and individual services delivery. I developed the monitoring system to evaluate the quality of life of individuals in the community. This monitoring system consisted of the development of a form to be used by the community services staff. A database was developed to track and coordinate community services staff monitoring activities. I independently evaluate the results of the Community Services staff monitoring reports, ensure areas requiring additional follow-up is done as stated by worker, and assign the appropriate staff or discipline to follow-up. I make announced and unannounced visits to community programs and consumers in the service delivery system in order to address quality of life issues. I monitor for the following: the general condition of the community programs, exterior and interior appearance, safety and sanitation conditions, the interaction between staff and consumers, the general appearances of the consumers, the consumers community activities, the consumers' rights, meal and dietary planning for the consumers, the consumers likes and dislikes, the supports and services accessed for the consumers, the consumers health and behavior problems. I address all life threatening and safety concerns on the spot for immediate correction.

**OUTPLACEMENT:** Since 1997, I have developed resources to place consumers in community settings. I determine the appropriate placement for the consumer, I contact the responsible party and assist the responsible party in making a decision regarding community placement. I contact and refer the consumer to the appropriate provider. I make arrangements for the consumer and family to visit the community home and day program.

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I notify in writing all parties involved regarding the visit for the consumer, which may include lunch, supper day, night and weekend visits. I obtain the consumer's and/ or responsible party signature on the Agreement to Community Placement Form. I obtain appropriate signatures from the responsible party/ consumer for release of information to community providers.

I work with the Interdisciplinary Team to determine what services are needed and plan for service delivery. I serve as the liaison between the individual, families and care providers to address services, needs, concerns or problems. Once the consumer, responsible party and Interdisciplinary Team agree that the consumer would benefit from community placement, I notify, in writing, the appropriate professionals and ensure all Diagnostic and Evaluations are updated (Social History, Nursing Assessment, Psychological, and Physical). I coordinate with the medical professionals to ensure that a two-step TB skin test is done. I ensure any pending medical follow-up is done prior to placement. I coordinate and ensure that the individual has 30-60 days supply of medications for the new provider. I complete ICAPS, as needed, and enter the data into the ICAP database generate a score indicating the adaptive functioning level of the individual. The ICAP service score is also submitted to the Regional Community Services Business Manager to aid in determining billing rates for the community agency/ provider for the consumer. I complete the Appointment Of Representative Form and obtain signatures of responsible party, consumer and community provider and submit this form to the Social Security Office along with the Medicaid 376 Form. This is necessary to prevent loss of consumer's financial benefits and to continue benefits (SSI/SSA). I encourage community providers to apply to become payee of the consumer's benefits in a timely manner to prevent loss or suspension of benefits.

**BUDGETING:** Prior to community placement, I complete a financial budget form detailing the specific needs and services for the consumer. This financial budget indicates total hours per month for services to include, but not limited to: residential services, day habilitation services, skilled nursing services and behavior management services, etc. The financial budget form is presented to the Regional Director of Community Services. I coordinated the consumer's finances and other financial/insurance documents with the appropriate professionals/agency and/or responsible party for room/board and personal spending for the community provider/agency. I consult and work with agencies/ providers to ensure all services are addressed within the agency's/provider's budget proposals. I review budget proposals from a agency/provider which establish a rate for providing services and ensure that the agency/provider submits that projected rate/ budget proposal to the Regional Director of Community Services.

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**TRANSISTION CASE MANAGER:** I Facilitate transition meetings prior to out placement to identify the consumer needs prior to outplacement. I develop the transition plans. Once the consumer is in the community, I continually assess and monitor the quality of life of the consumer, services, appropriateness of services and needs. I maintain contact logs on the consumers. I develop plan to resolve issues that may arise, provide guidance and consultation to the care providers and other disciplines to ensure the successfullness of community placement. I maintain contact with the family and responsible relative by phone and in writing to inform them of how the community placement is going and to address any needs or concerns the responsible relative may have with community placement.

**OBRA (OMNIBUS BUDGET RECONCILIQ5ION ACT OF 1987:** I provide consultation to agencies regarding the OBRA guidelines for nursing home placement. As needed, I make nursing home referrals or assist agencies with making nursing home referrals. If nursing home placement is warranted, I follow-up on the individual in the nursing home to ensure the placement is stable.

**MEDICAID WAIVER:** Prior to a consumer being placed in the community, I complete all Medicaid Waiver Forms to include, Application, Summary Of Habilitation, Plan Of Care, Certificate Of Choice, Dissatisfaction Of Services, Level Of Care, and I obtain appropriate signatures on each form. After these forms are completed I submit the forms to the Central Office Waiver Coordinator for approval and enrollment into the Medicaid Waiver Program for billable services. I review Medicaid Waiver Applications to ensure that the applications are in compliance with Alabama Medicaid and DMR guidelines. I return the waiver forms to the waiver provider if the forms do not meet compliance or forms are inaccurate or incomplete. I review and signed if corrections have been completed and resubmit the forms. I forward the Medicaid Waiver Application to the Regional Community Services Office Waiver Coordinator or in this individual's absence, I forward the Medicaid Waiver Applications to the DMR Waiver Coordinator.

**SPECIAL PROJECTS AND OTHER RELATED DUTIES:** I am responsible for either completing or coordinating special projects for Regional Community Services as assigned by Regional Director Of Community Services. Recently, I have worked on special projects related to the Wyatt Court Settlement (ADAP and Sun drum). For Spring Conference I work with the Regional Community Services Exhibit Coordinator to ensure exhibits are set up for the conference. I serve as on- call personnel on a rotating basis for Regional Community Services. I do death reviews as assigned by the Director Of Community Services.

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**CONCLUSION**

Since 1997 I have been performing the duties of the CSS III and IV classifications, both of which are at a higher pay range than my then and current Mental Health Social Worker II position, *without compensation*. As I was assigned progressively more and more responsibility, I accepted it and made every effort to ensure the health and safety of the individuals I served. I made my supervisor aware that I was at the top of my range and requested orally and in writing re-classification to be compensated for the added responsibilities. I was given a variety of reasons for not be re-classified. There was no money, there was not a vacant position on the staffing plan, the Associate Commissioner was not approving new positions, the Commissioner was not approving new positions, Region III had more staff than any other region, I included a position for you in next year's budget but it was cut, I've done all I can, etc. I ran the gamut of excuses when in fact there was money, the Commissioner and Associate Commissioner were approving promotions and new positions in other regions, vacant positions were and had been on the staffing plan for years. Finally in December 2002, my supervisor informed me that she was requesting a CSS III position for me and asked me to complete an application and submit it to Brewer Personnel Department. I submitted the information to personnel and never heard another word about the CSS III position.

In October 2003 a CSS III position was opened in Region III. Although I had been performing the duties of a CSS III and IV since 1997 and I have a Master's degree, I was passed over for the CSS III position in lieu of a white female with no community services experience. Whom I was expected to assist in becoming familiar with the community providers, and who never performed the duties of a CSS III, and who actually occupied the CSS III classification one pay period before she was promoted to yet another position which I, too, applied for AND once again passed over.

I filed an employee complaint because after performing the duties of a CSS III and CSS IV for many years and having the qualifications, I was simply passed over after being instructed by my supervisor to complete an application for the CSSS III position. As a settlement to my complaint, I requested re-allocation to a Mental Health Specialist II, which would provide future growth after being top out in my present classification for approximately seven years. In response to my complaint my supervisor requested a desk audit to evaluate my job responsibilities. After receiving the results of the desk audit, I realized I had been victimized once again. The desk audit was merely an attempt to justify passing me over for the CSS III position. No efforts were made to perform an accurate evaluation of my duties. The auditor did not interview me, and to my knowledge my supervisor was never interviewed. The descriptions, which the auditor assigned to Factors I - V on my audit, were entirely inaccurate and Factor; "Purpose of Contact" was omitted. No Factors were scored; therefore, no accurate conclusion could be formed. Had any attempts been made to ascertain the true nature of my job duties, the auditor would have known that my responsibilities are administrative. My responsibilities

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include budgeting for the consumers and the care provider, I determine when policies are need and write policies for both RCS and the care provider. I interpret RCS, DMH/MR, and the care provider's policies. I provide quality control for the services and the quality of life of each of the individuals I serve. Every aspect of my job involves standard compliance and quality control. I am the person that ensures the quality of life and health and safety of the individuals I serve on a daily basis. There is no daily oversight for the MR individuals in my caseload except by me.

As the information I have presented is reviewed, it is my hope that this hearing will correct the injustices of the past and the present, and stop any further victimization. I hope it will help establish fair and equitable promotional practices for Region III. I have been loyal to RCS III and dedicated to the individuals I serve which is evident in my performance appraisals and feel it is time I received the recognition and promotions I deserve without having to take any actions beyond this hearing. I feel I can speak for all persons of color in RCS III. It is time for job assignments and promotions to be equitable.